

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90192 004 ****61.25

DOCUMENT # N16401

1. Entity Name
STAR LAKE FOREST ASSOCIATION, INC.



Principal Place of Business
**141 STAR LAKE DR.
HAWTHORNE, FL 32640 US**

Mailing Address
**P.O. BOX 2031
HAWTHORNE, FL 32640-2031**

60036117



04152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3223583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUGHES, RICHARD
102 PAT'S POINT CT.
HAWTHORNE, FL 32640**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUGHES, RICHARD
STREET ADDRESS	102 PAT'S POINT CT.
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	VPD
NAME	WERNER, DAVID
STREET ADDRESS	207 RILEY LAKE DR.
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	TD
NAME	BOYER, ED
STREET ADDRESS	171 STAR LAKE DRIVE
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	SD
NAME	PRICE, JACK
STREET ADDRESS	101 PATS POINT CT.
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	SD
NAME	JONES, DOROTHY PAM ELLIS
STREET ADDRESS	395 STAR LAKE DR. 223 STAR LAKE DR
CITY - ST - ZIP	HAWTHORNE, FL 32640
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-08 352 481-3772

Date

Daytime Phone #